



Form 1095-B -Sample and Content Description-



If you were a retiree for the entire year or obtained health insurance coverage under COBRA, you will receive a form 1095-B. The following example provides a brief description of each of the primary sections of the form.

Form 1095-B		Health Coverage		<input type="checkbox"/> VOID	560115 OMB No. 1545-2262										
Department of the Treasury Internal Revenue Service		Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b .				<input type="checkbox"/> CORRECTED	2015								
Part I Responsible Individual															
1 Name of responsible individual		2 Social security number (SSN)		3 Date of birth (if SSN is not available)											
4 Street address (including apartment no.)		5 City or town		6 State or province		7 Country and ZIP or foreign postal code									
8 Enter letter identifying Origin of the Policy (see instructions for codes):		9 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable													
Part II Employer Sponsored Coverage (see instructions)															
10 Employer name				11 Employer identification number (EIN)											
12 Street address (including room or suite no.)		13 City or town		14 State or province		15 Country and ZIP or foreign postal code									
Part III Issuer or Other Coverage Provider (see instructions)															
16 Name				17 Employer identification number (EIN)		18 Contact telephone number									
19 Street address (including room or suite no.)		20 City or town		21 State or province		22 Country and ZIP or foreign postal code									
Part IV Covered Individuals (Enter the information for each covered individual(s).)															
(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part I: The information contained in Part I of the form includes information about the responsible individual.

Note for employees: If electronically filing Form 1095-B with taxes, an error message will be received if both Line 2 and Line 3 of Part 1 are blank. This error message should be disregarded if the responsible individual isn't a covered individual identified in Part IV.

Part II: The information contained in Part II of the form includes employer who is sponsoring the coverage.

Part III: The information contained in Part III of the form includes the insurance provider. In most cases the insurance provider will be the same as the employer identified in part II. A contact telephone number is included in box 18.

Part IV: The information in Part IV of the form includes information about you and the individuals (including dependents) covered under your insurance plan.